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ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the
Albany Medical College

MARCH, 1919

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STORAGE

ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY
J. MONTGOMERY MOSHER, M. D.

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The use of bacterins in the prevention and treatment of pneumonia is recommended by Rosenow. See Journal A. M. A., March 16, 1918, p. 759. Fleming, Practitioner, April, 1917, p. 332. S. Solis-Cohen, Medical Record, April 27, 1918, p. 743. Lister Publication No. 10, South African Institute for Medical Research, 1917.

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*Bloom, New Orleans Medical and Surg. Journal, Vol. 70, No. 3, Sept. 1917, page 282.

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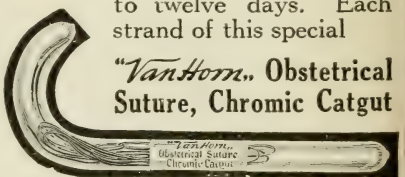

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VOL. XL MARCH, 1919 No. 3

ALBANY MEDICAL ANNALS

Original Communications

A CASE OF TRAUMATIC EPILEPSY.

From the Mental and Surgical Services of the Albany Hospital.

BY J. MONTGOMERY MOSHER, M. D.

This case is reported because of the typical symptoms pointing to a localized cortical lesion, the availability of the latter for surgical interference, its removal by operation, and the recrudesence of the disease arising from the connective tissue proliferation incident upon the process of healing.

CASE 3599, PAVILION F RECORDS, ALBANY HOSPITAL.

The patient was a muscular, well developed boy, who was brought to the hospital by his mother on January 7, 1916, because of a mental condition which rendered him unmanageable at home. He was born October 22, 1905, with a history of tuberculosis in his father's family. His father had died of tubercular meningitis at fifty-two. On the mother's side the antecedents were good. There had been no other children. He was a frail baby, but after a few weeks improved, and with the exception of an attack of acute lymph-adenitis, which lasted about a week, had always been healthy and rugged.

In October, 1910, he fell about six feet and was found dazed. No after-effect was noted. In January, 1913, he fell again about ten feet. Both falls were purely accidental. After the second

fall he lay a few seconds, and there appeared no immediate effects. He did not complain of pain in the head. On the day following the second fall, while standing near the dining table, he suddenly appeared dazed and said to an aunt, "Why, where are you? It is all black and I cannot see you." Six months later while talking he suddenly stopped. His mother approached him, noticed that he was "lost," and after a few seconds he said he "had been somewhere." In September, 1913, while standing near the telephone switchboard at which his mother was employed, he again suddenly stopped talking. After that the attacks occurred sometimes as often as three times a day. In school he would stop reading, and then begin again after a pause, but after a short time he was able to pick up the reading where he left it.

He was given bromide and had some relief during the following year. During this period he had occasional attacks, characterized by turning his head and eyes to the left, but there was no spasm of any kind. On one occasion he left his desk and went into a class of which he was not a member.

For the three months preceding his admission to the hospital he had none of these attacks. In November, 1915, he became irritable and profane, and had mental seizures in which he seemed to wish to kill himself, and on several occasions asked for a gun to kill some children who had annoyed him; he carried a toy pistol for self-defense. These attacks began suddenly, and sometimes lasted for half a day. His appetite failed, he was unable to maintain himself in his studies, and it was particularly noticed that he made peculiar errors in spelling and reading. He did not understand what he read, but seemed to comprehend when he was told. He spelled his name "J-h-o-n-s-o-n," invariably displacing the "h," although he had previously known how to spell it. He also lost his ability to write. His sleep was irregular and often restless, but he manifested no excitement and was not known to have attacks during the night.

The above history as given by the mother does not vary essentially from that given by her to Dr. Hun, whom she consulted on March 24, 1915. At that time it was stated that the attacks of petit mal began in October, 1913, and during the ensuing eigh-

teen months, had been repeated from twenty-five to thirty-five times. In some attacks his head was drawn so strongly to the left that he called to his mother for assistance, and did not become unconscious. In the attacks of petit mal he lost consciousness for a few seconds, and there had been only one major attack so far as known. There had been no local spasm beyond the deviation from the head to the left. The physical examination at that time was negative. Dr. Hun advised operation.

For three days after admission to the hospital the boy was drowsy and inactive, and there was difficulty in arousing him. On the 10th of January some peculiar manifestations were noticed, and the nurses stated that "he seemed to follow something along the wall." On the following day he had two slight epileptiform convulsions which lasted four or five minutes. On the 12th there were three attacks of ambiguous character, and it was noticed that his head and eyes were turned to the left. The attacks had apparently been controlled by bromide, for at this time they became very frequent, and on the 14th about twelve seizures were noted, varying in character from petit mal to major attacks, and often in the spasmodic condition with rotation of the head and eyes to the left. On the 15th I was fortunate in seeing a more typical and illuminating seizure than any that had been reported. The boy was brought to my office by his mother, and while sitting quietly awaiting consultation the attack began. His head and eyes turned slowly to the left and became fixed in extreme left lateral rotation with the lids closed. The left upper extremity was elevated slightly in position of adduction and semiflexion of the forearm, without marked rigidity. Toward the end of the attack there was a deep respiration, the head relaxed in moderate clonic spasm, and the boy suddenly awoke. The clonic stage did not affect the extremity. There was no involvment of the lower extremity or of the opposite limbs. There was a suggestion of coma during the clonic stage, but there was no coma after the spasm subsided, and the patient became normal and active at once. The boy returned to the hospital, and the mother reported that during their absence of four hours he had had nine seizures. The Jacksonian and other attacks became more and more frequent until the operation.

The frequency and character of the attacks are indicated in the following extracts from the nurses' notes:

January 7. 6 P. M. Got up to walk, but instead of walking straight ahead, he turned around and around.

January 8. 3 to 6 A. M. Sits up in bed and looks around but still in sound sleep.

12 P. M. Asleep with eyes open and face twitches.

January 10. 1 P. M. Seemed to follow something along the wall; did not feel when hand was pinched.

January 11. 10 A. M. Attack like an epileptic fit: twitched and jerked all over; voided in his clothes; yawned when coming out of it; lasted four or five minutes.

11 A. M. Walks peculiarly on toes; drags feet.

3 P. M. Unconscious for a few seconds.

6 P. M. Walked around and around to his left with head turned over left shoulder.

9.30 P. M. Head turned to left; body stiff; unconscious; twitching.

10 P. M. Stood in middle of floor with head turned over left shoulder, and turned around and around for two minutes.

January 12. 6 A. M. Shook hard, attempted to bite tongue; cried, said he could not get his breath and was dizzy.

12 M. Fell to floor.

9 P. M. Dropped to floor; stiff; with head and eyes turned to side; three minutes.

January 13. Three attacks with rotation of head and eyes to left.

January 14. Eleven attacks of brief duration with rotation.

January 15. 4 A. M. A severe attack, lasting ten minutes; cried, said he was scared and dizzy; could not sit up; staggered, almost to falling. Fifteen other attacks.

January 16. 4 A. M. Attack—made strange noise; shook hard; cried at top of voice; could not walk alone; followed by very ugly mood.

8 A. M. Head turned to right(?); eyes closed tight; shook; muscles rigid; mouth open, with grunting noise; both arms bent at elbow and fists clenched; face flushed, white about nose; hands blue and cold; followed by difficulty in breathing.

Twenty-one other attacks during the day, several severe and many light.

January 17. Nineteen minor attacks.

January 18. 4 A. M. A major attack.

11 A. M. To operating room.

Dr. Elting kindly gives the following description of the operation:

At the operation on January 18th, 1916, an extensive osteoplastic resection of the right side of the skull was done. The dura appeared to be normal on its exterior surface as did the inner surface of the bone flap. On palpation, however, the dura seemed abnormally tense as though there was increased intracranial pressure. The dura was freely incised when it was found that very extensive old adhesions existed between the dura and pia. In some places these adhesions were very dense and tough so that some of the larger cortical veins were torn in the process of loosening the adhesions, requiring several sutures. The area of adhesions was roughly about eight centimetres in its diameters and covered practically the entire motor area of the cortex. The adhesions were carefully loosened over the entire adherent area and it was found that beyond this area there were no adhesions and no evidence of any abnormality. The cortex was carefully palpated but no evidence of any other cortical or subcortical disturbance could be found other than the adhesions. No attempt was made to suture the dura, which would have been quite impossible owing to the increase of intracranial pressure. The osteoplastic flap was replaced and the wound was carefully closed without drainage. There was a moderate amount of shock from which the patient soon rallied and he had a most uneventful convalescence. Almost twelve hours after operation, the nurse reported that he had a slight convulsive seizure of the left arm, but no other convulsive seizure of any description occurred thereafter during the sojourn in the hospital. For three or four days after the operation there was some moderate paresis of the left arm and left leg, but this speedily disappeared. The patient's entire disposition showed a marked transformation. During the early days after operation, he was rather self-willed, petulant and at times difficult to manage, but these characteristics gradually disappeared and when he left the hospital four weeks after the operation, he appeared normal in every way. There was no evidence of any muscular weakness, the mental processes seemed rather abnormally acute, his disposition was excellent and he appeared like an orderly, well-behaved, unusually bright and intelligent boy.

The patient left the hospital on February 5th, apparently well. Some errors of statement occurred, suggesting the mental state preceding the operation, but these responded to correction, and there was no real agraphia or alexia. Nor was there any motor defect. But any jubiliation over his restoration was short-lived. Exactly two months after his discharge the mother described recrudescence of the attacks after the manner of the original symptoms. The first demonstration is best described in her own words, under date of April 11, 1916:

"He has been all right until Sunday morning; he was getting ready to get up and was laughing and talking to me; he stopped and had a queer look on his face and commenced to say queer things. It did not last but a minute and he realized he had lost himself. Yesterday at dinner he dropped his bread and head and turned to the left. He knows he has been lost and says, 'I cannot be as I was.' He eats very heartily."

April 17, 1916: "He is getting nervous and fretful again."

May 4, 1916: "Has his lost spells, talks strange and mutters. Says he will drown himself if he is growing bad again."

May 23, 1916: "Sometimes he will have a spell just after breakfast after eating a good meal, and then he declares he has not had a mouthful and will eat as much more. One day he was playing the phonograph; I heard a noise and found him on the floor. He is growing very fat."

October 24, 1916: "Some days he does not know me. He weighs 121 pounds. He is very ugly at times. He again talks of killing himself."

The symptoms of an irritative lesion of the cortex are well known to be more ambiguous than those which result in paralysis, and many attempts at the determination of a focal lesion have failed when too much confidence has been placed in spasmodic conditions which seem to point to a definite cortical center. In this case there were decided and repeated attacks of conjugate deviation of the eyes and head to the left, and these were thought to have some localizing value. On the other hand, the loss of intelligence as represented by agraphia and alexia, suggested a destructive condition in an entirely different region of the brain, the spasmodic condition suggesting an irritation of the right hemisphere and the defect pointing to the left hemisphere.

Conjugate deviation of the head and eyes due to irritation has been attributed to irritative lesions of many parts of the cortex,

and at different times has been assigned to lesions of the frontal, the temporal and occipital lobes. For the case under consideration it is not necessary to consider the center in the pons to which this symptom may be attributed, as none of the symptoms indicated lesion of the pons. The first definite statement as to a center for conjugate deviation of the head and eyes was made by Ferrier, whose experiments on monkeys revealed that stimulation of the posterior half of the superior and middle frontal convolutions resulted in deviation of the head and eyes toward the opposite side, with dilatation of the pupils and wide separation of the lids. This symptom has been emphasized in its relation with epilepsy, and Vorkastner gives it a promient place in the beginning of the tonic stage of idiopathic attacks, and undoubtedly in many cases of epilepsy this definite phase is associated intimately with the spasms of the limbs. Further corroboration of the existence of such a center may be derived from symptoms occurring in paralytic conditions, for any destructive lesion affecting such a center destroys the cooperation of symmetrical balancing muscles, and in such a case the uninvolved antagonistic muscles act to rotate the head and eyes toward the affected side of the brain.

The whole matter is sumed up in Hun's *Atlas* in which he states that conjugate deviation in which the eyes are turned to the side of the lesion may follow a paralytic lesion in almost any part of the brain, and especially one occurring in the posterior part of the frontal lobe; whereas the eyes are turned away from the side of the lesion when there is an irritative lesion of the cortex.

Whatever doubt may have been felt as to the suggestiveness of this symptom was removed by the one attack in which the conjugate deviation was associated with the spasm of the left upper extremity. This seemed to indicate clearly enough an irritation spreading from the middle frontal convolution to the arm area in the precentral convolution of the right side. This was regarded as sufficiently definite to justify an operation at this point, and the operation was consequently performed.

Focal epilepsies are always instructive, particularly when determined by a definite cortical lesion. The mimicry of a cir-

cumscribed affection by the idiopathic disease, or of the latter by the former, may lead to disappointment from attempt at relief by surgical means. Even a definite traumatism may arouse neuropathic or epileptoid characteristics plainly predisposing to the disease. For the common formula, "the healthy child, the blow upon the head, the epilepsy," a skeptical editorial writer in the *Medical Record* (May 12, 1917) would substitute, "the epileptic makeup, the blow on the head, coincidental or precipitating, and the epilepsy." From his viewpoint, "if the blow on the head had not been forthcoming the development of the epilepsy would have been delayed until a later stress." True traumatic epilepsy should be independent of all preliminary taint, for "there are a very few cases of adults receiving depressed fractures of the skull with a spicule of bone pressing on some motor area and developing convulsions limited to or at least starting in the groups of muscles controlled by this area."

Surgery, however, is a highly aggressive art, and structures uncovered by the scalpel may disclose unsuspected facts and modify opinions elaborated upon no more substantial basis than theory. Kocher has even advocated decompression operations for the relief of idiopathic epilepsy, and asserts that an opening "large enough to prevent the increase in tension which he believes precedes the attacks" has a favorable effect. The possible benefit of this procedure is attributed by Frazier (*Journal of the American Medical Association, June 5, 1909*) to better discrimination between true and symptomatic epilepsy. He has found, in cases without a suggestion of a focal lesion, a large percentage in which the brain when uncovered presented some gross pathologic lesion (adhesions, oedema, the remnants of an old pachymeningitis, etc.) "so frequently that it would appear as though the so-called idiopathic type was a little less prevalent than we were led to believe before we had so many opportunities as now to study the living pathology of the brain and its membranes."

The case which has been made the subject of this article strongly emphasizes Frazier's contention. The history of repeated traumatisms was suggestive, but not conclusive to the doubter who would attribute the falls to initial seizures. The attacks, considered singly, may be assumed to have represented

wide-spread disease of idiopathic nature. Persistent alexia, agraphia and amnesia were surely misleading and implied deterioration. Petit mal, general severe convulsions, and psychic phenomena were variations too broad to be accepted as of Jacksonian type. But prolonged observation gradually brought to light some distinctive characteristics. The initial phenomenon was conjugate deviation of the head and eyes to the left; this was often followed by flexion of the left upper extremity, and in more severe seizures was amplified into genuine *epilepsia procursiva rotatoria,* the propulsion being likewise to the left. A broad interpretation of Frazier's work would have justified surgical interference without the history of traumatism.

The immediate effect of the operation is instructive. The complete relief of the seizures and the restoration of the boy's intelligence are sufficient proof of a difference between acquired and idiopathic epilepsy even at this susceptible period. Convulsive seizures are rare in adult life, no matter how vicious the lesion. Because there are hundreds of cases of delirium tremens with only an occasional convulsion, there can be no reasonable argument that these occasional attacks are not due to alcoholism. On the other hand the casual incidence of convulsions in childhood from relatively slight causes, does not imply the presence of epilepsy.

Kocher's intrepidity in subjecting idiopathic cases to the knife adds to the many futile atempts to relieve epilepsy which constitute one of the most dramatic chapters of the long history of therapeutics. But if the clinical evidence in the case points to a lesion which can be reached, there is hope in surgery. There may be faith that technique will be found to anticipate the cicatricial disasters of the healing of the wound.

DEMONSTRATION OF OBTAINING BLOOD IN INFANTS FROM THE LONGITUDINAL SINUS.

By HENRY L. K. SHAW, M. D.,

Director Division Child Hygiene, New York State Department of Health

The small size of the veins in infants renders it very difficult to secure blood for diagnosis and to utilize the venous system for therapeutic purposes. It is practically impossible to obtain blood from the veins of the forearm. The external jugular is used very frequently but presents some difficulties in inserting the needle on account of the flexibility of the vein. Some men prefer the temporal vein which becomes prominent when the baby cries.

Professor Marfan, a French pediatrician, in 1898 described a method of entering the longitudinal sinus through the anterior fontanel. It was not until the past few years that this procedure has been used in the country and it is now very generally employed.

Anatomically this is an ideal spot to puncture a vein. The longitudinal sinus extends from the frontal bone posteriorly directly in the center of the skull. It is situated in the falx cerebri and covered with the dura mater. It is triangular in shape growing larger as it extends posteriorly. It is about 3/32 inches in diameter at the anterior angle of the large fontanel and 4/32 inches at the posterior angle. At the posterior or small fontanel it is 6/32 inches in diameter but as this fontanel is closed a few weeks after birth it can not be utilized. The anterior or large fontanel does not close until about the eighteenth month, and in cases of rickets and syphilis it remains open for many months.

The technique is simple. The anterior fontanel is shaved and washed. Iodine is applied and the needle inserted about one-fourth of an inch from the posterior angle of the fontanel. The distance to the sinus averages about one-fourth inch. The best needle is 18 gauge with a 45° point. A special needle has been devised with a shoulder one-fourth inch from the point in order to prevent it being inserted too far and transfixing the sinus. About four inches of rubber tubing connects the needle with a

Luer glass syringe and a small piece of glass tubing is inserted about an inch from the needle. This makes it possible to see the blood when the sinus is reached if gentle suction is made with the syringe. The baby's head is firmly held by one assistant while a second assistant manages the syringe. Dr. Helmhotz of Chicago has devised a head clamp which eliminates one assistant. The needle is inserted posteriorally at an angle of about forty-five degrees directly in the longtitudinal axis of the skull. When this has been reached a sense of lessened resistance is felt similar to the entrance of the needle in the spinal canal when making a lumbar puncture. The assistant makes slight suction with the syringe and if the sinus has been entered the blood will be seen in the eyelet of the tube. The desired amount of blood can be withdrawn. The needle is then removed and after pressur for a few moments the puncture point is sealed with collodion.

This procedure is useful not only for the purpose of withdrawing blood for diagnosis and venesection but is the best route for direct transfusion of blood in cases of hæmophilia, hæmorrhages, etc. The injection of solutions of glucose and normal salt solution in acute marasmus, of bicarbonate of soda in acidosis, of salvarsan in syphilis, etc., have all been made by this method, with excellent results.

This baby has been placed in St. Margaret's Infant Hospital for adoption. The mother is in a State Institution and is known to have syphilis, and it is necessary to ascertain if the baby is infected. The baby is five months old and the fontanel is fairly large. The pain is very slight and no local or general anesthesia is necessary. (The puncture was made as described above.)

If we find that the Wassermann reaction is positive, the question then will arise as to the best method of administering salvarsan. Dr. Fisher of New York has introduced salvarsan through the sinus in over fifty cases without any bad results. Dr. Dunn, of Boston, on the other hand has had some fatalities from the injection. There is a possibility of transfixing the sinus and having some of the fluid penetrate into the brain with resulting abscesses so that if this method is employed it must be used with great caution.

There is no doubt that this is the simplest, safest and quickest method of obtaining blood for diagnosis and for therapeutic entrance into the venous system. With ordinary precaution in the preparation of the patient and of the technique you will experience no difficulty in obtaining blood for Wassermann tests in infants.

Clinical and Pathological Notes

An Unusual and Interesting Case of Meningitis. By THOMAS W. JENKINS, M. D., Assistant in Anatomy, Albany Medical College.

Mr. H. F., age, 18. April 18, 1915. Student.

Family History. Father died from a hemorrhage after operation for an enlarged prostate. Mother and all the other members of family living and well.

Personal History. This young man was never seriously ill.

Present History. He was found unconscious in the afternoon of a Sunday by his people returning from an outing. He had not complained of any illness until that day, when he said his head ached, but he went out in the morning and delivered his route of papers.

Examination: Patient is unconscious, supra-orbital pressure does not arouse him; light does not disturb him; pupils react to light; knee jerks absent; pulse, 55; temperature, 98°. The bowels were flushed out, no fecal matter following; the stomach was washed out and contained no food, the bladder was catheterized and twenty-two ounces of urine were obtained. The uranalysis showed: no albumin; acidity, 80°; acetone present and glucose to the amount of four per cent. Evidently the patient was a victim of diabetic coma. Venesection was done, thirty cubic centimetres of blood being drawn and thirty cubic centimetres of a saturated solution of bicarbonate of soda was introduced into the circulation, the soda solution being prepared by simply throwing some stock bicarbonate of soda into a glass of boiling water, and when this was sufficiently cooled it was injected into the median basilic vein. Enemata of bicarbonate of

soda were given every hour and soda solution was introduced into the stomach with the stomach tube twice during eight hours.

Eight hours after first catheterization, he was catheterized again and twenty-two ounces of urine obtained which contained glucose and acetone, the acidity being 50°

April 19: The patient was removed to the Albany Hospital and Dr. Andrew MacFarlane was called in consultation. Further venesection was done, sixteen ounces were withdrawn and an indefinite amount of soda solution was introduced. In the mean time the patient had partially regained consciousness and continued to improve until he was able to speak and to complain of headache and backache and he became somewhat rigid. Sugar and acetone disappeared from the urine.

April 20: He still complains of headache and the neck is rigid. Kernig's sign present. Murphy drip of soda solution commenced. Patient's general condition improving. Urine contained neither sugar nor acetone and was alkaline.

April 21: Patient still somewhat better, drinks fluids freely and is given large amounts of water and soda solution, also ten grains of bromide of soda and ten drops of fluid extract of ergot every hour. Unmistakable signs of meningitis are present.

April 22: Paracentesis spinalis was performed by Dr. MacFarlane. The fluid being examined by myself showed 2,460 cells per cubic millimetre; leucocytes, eighty per cent; lymphocytes, twenty per cent; the leucocytes contained diplococci and a culture developed a diplococcus which was proved to be the meningococcus by Dr. Youland of the State Labratory.

April 25: Flexner's anti-meningococcic serum was admistered intraspinally and patient steadily improved.

May 1st: Patient practically well. Temperature ranged from 98° to 101.6°; pulse from fifty-five to ninety.

June 14, 1915: The patient after leaving the hospital and being out doors walking around and apparently making a gradual convalescence, was seized with pains in hips, inguinal regions and in the glans penis; he was constipated and had difficulty in urination. The urine was markedly alkaline and loaded with amorphous and triple phosphates. Dilute phosphoric acid in twenty drop doses was given every two hours and morphia hypodermati-

cally frequently to control pain. This condition lasted several days and finally passed away.

July 1st: The patient was again seized with severe pains in lumber region, in both buttocks and across abdomen and was unable to move because of pain. Temperature, 98°; pulse, 60. Patellar reflex is exaggerated and ankle clonus present. He was constipated and had difficulty in urinating. The urine was alkaline and contained phosphates; no sugar or albumen. We concluded that we had myelitis to deal with and gave a doubtful prognosis to his family. Prescribed salicylate of soda.

However, the young man made a good recovery and now, March 16, 1916, he is apparently well, but has a definite rigidity of carriage. At the present time, 1919, there is no evidence of rigidity.

Editorial

Monoculus—for so, in default of catching his true name, I choose to designate the medical gentleman who now appeared—is a grave, middle aged person; who, without having studied at the college, or truckled to the pedantry of a diploma, hath employed a great portion of his valuable time in experimental processes upon the bodies of his fellow-creatures, in whom the vital spark, to mere vulgar thinking, would seem extinct, and lost forever. He omitteth no occasion of obtruding his services, from a case of common surfeit-suffocation to the ignobler obstructions, sometimes induced by a too wilful application of the plant *Cannabis* outwardly. But though he declineth not altogether these drier extinctions, his occupation tendeth for the most part to water-practice; for the convenience of which, he hath judiciously fixed his quarters near the grand repository of the stream mentioned, where, day and night, from his little watch tower, at the Middleton's Head, he listeneth to detect the wrecks of drowned mortality—partly, as he saith, to be upon the spot—and partly, because the liquids which he useth to prescribe to himself and his patients, on these distressing occasions, are ordinarily more conveniently to be found at these common hostelries, than in the shops and phials of the apothecaries. His ear hath arrived

> to such finesse by practice, that it is reported he can distinguish a plunge at a half furlong distance, and can tell, if it be casual or deliberate. He weareth a medal, suspended over a suit, originally of a sad brown, but which, by time, and frequency of nightly divings, has been dinged into a true professional sable. He passeth by the name of Doctor, and is remarkable for wanting his left eye. His remedy—after a sufficient application of warm blankets, friction, &c., is a simple tumbler, or more, of the purest Cognac, with water, made as hot as the convalescent can bear it. Where he findeth, as in the case of my friend, a squeamish subject, he condescendeth to be the taster; and showeth, by his own example, the innocuous nature of the prescription. Nothing can be more kind or encouraging than this procedure. It addeth confidence to the patient, to see his medical adviser go hand in hand with himself in the remedy. When the doctor swalloweth his own draught, what peevish invalid can refuse to pledge him in the potion?
>
> *Amicus Redivivus.* CHARLES LAMB.

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Alumni Day, 1919.

The program for alumni day is already under consideration by the Executive Committee. The success of the meeting of last year, which was vigorous and spirited in spite of the incubus of war, encourages the Committee to even greater efforts in anticipation of a larger attendance. Particular attention will be given to the martial achievements of the veterans who have added distinction to the College, and it is not unlikely that the event will assume some characteristics of a reunion with those who have returned safely from service. Appropriate action of respect to those who have given their lives to the country will be taken. It has been suggested that the Alumni Association erect in the College building a tablet to the memory of those who have made the supreme sacrifice. The details of this plan await elaboration, but undoubtedly the alumni will respond.

The routine of the day will follow that adopted last year with such modifications as experience suggests. The officers of the Association realize that the journey to Albany involves some sacrifice, and that their duty is to provide suitable entertainment

for the time spent in the city by visitors. The entire day will be devoted to some form of business or pleasure.

The Association is fortunate in its President, Dr. Lamb, who has acquainted himself carefully with the details of administration and has personally guided its destinies through this most critical period of its existence. His last circular letter reveals his purpose to launch the Association upon its new voyage.

Alumni, trustees, faculty and students may take heart upon the evidences of renewed vigor of the College, which now is entering upon the brightest chapter of its history.

June Tenth is the date. Every alumnus should fix it in his memory, and make every effort to answer "Present."

Public Health

Edited by Arthur Sautter, M. D.

Department of Public Safety, Bureau of Health, Albany, N. Y.

Compiled by William F. Fullgraff, Registrar.

Bureau of Vital Statistics.

Deaths for the Month of January, 1919.

Consumption	23	Bright's Disease	10
Typhoid Fever	1	Apoplexy	10
Scarlet Fever	0	Cancer	13
Measles	0	Accidents and Violence	19
Whooping Cough	0	Deaths under 1 year	13
Grippe	35	Deaths over 70 years	44
Diarrheal Diseases	33	Death rate	20.50
Pneumonia	8	Death rate less nonresidents	18.00
Broncho Pneumonia	8		

Deaths in Institutions.

	Res.	Non-Res.		Res.	Non. Res.
Albany Hospital	4	11	House of Good Shepherd	0	1
Albany Hospital Camp	2	2	Child's Hospital	1	1
St. Peter's Hospital	5	7	Federation of Labor Camp	1	0
Homeopathic Hospital	3	11			
Hospital for Incurables	0	3		21	49
Maternity Hospital	0	4			
County Jail	1	0			
Public Places	3	5	Births		181
Albany County Hospital	1	4	Still Births		7

DIVISION OF COMMUNICABLE DISEASES.

Typhoid Fever	3	Tuberculosis	21
Scarlet Fever	11	Mumps	36
Diphtheria and Croup	18	Pneumonia	71
Chickenpox	40	Influenza	853
Smallpox	0	Septic Sore Throat	2
Measles	0		
German Measles	3	Total	1,060
Whooping-cough	2		

Number of days quarantine for scarlet fever:

Longest..... 31 Shortest..... 31 Average..... 31

Number of days quarantine for diphtheria:

Longest..... 18 Shortest..... 10 Average..... 11

Fumigations:

Rooms..... 145 Buildings..... 21

Milk bottles disinfected 28

Communicable Diseases in Relation to Schools.

	D.	S.F.	M.
Public School No. 4	1	..	..
Public School No. 10	1	..	..
Christian Bros.' Academy	..	3	..
St. Joseph's Academy	1	..	..

MISCELLANEOUS.

Cards posted for communicable disease	24	Inspections and reinspections	29
Cards removed	10	Vaccinations	42
Notices served on schools	110	Vaccination dressings	69
Notices served on stores and factories	21	Children examined for employment certificates	15
Postal card returns sent to doctors	24	Number of employment certificates issued	15
Postal card returns received from doctors	12		

Tuberculosis.

Living cases on record January 1, 1919		893
Cases reported:		
By card	18	
Dead cases by certificate	3	21
		914

Dead cases previously reported	20	
Dead cases not previously reported	3	
Recovered	4	
Unaccounted for		27
Living cases on record February 1, 1919		887
Total tuberculosis death certificates		23
Non-resident deaths:		
Albany Hospital Camp	2	
C. F. L. Pavilion	1	
County Hospital	1	
St. Margaret's House	1	5
Resident deaths		18
Visits to cases of tuberculosis		72
Miscellaneous visits		10
Visits to physicians		2

LABORATORY REPORT.

Diphtheria.

Initial Positive	38	Unsatisfactory	21
Initial Negative	480		
Release Positive	18	Total	636
Release Negative	79		

Sputum for Tuberculosis.

Positive	47	Negative	74
		Total	121

Widals.

Positive	1	Unsatisfactory	3
Negative	19		
		Total	23

Meningococcus.

Positive	1	Negative	0
		Total	1

Wassermann tests	174	Miscellaneous examinations	2
Milk analyses	148		
Water analyses	4	Total examinations	1,109

Health Physician's Report.

First District.

Cases assigned	30	Sent to hospitals	2
Calls made	80	Remaining under treatment.	0
Vaccinations	0		

Second District.

Cases assigned	23	Sent to hospitals	1
Calls made	27	Remaining under treatment.	2
Vaccinations	0		

Third District.

Cases assigned	4	Sent to hospitals	2
Calls made	4	Remaining under treatment.	2
Vaccinations	0		

Fourth District.

Cases assigned	19	Sent to hospitals	3
Calls made	36	Remaining under treatment.	0
Vaccinations	0		

Fifth District.

Cases assigned	1	Sent to hospitals	0
Calls made	3	Remaining under treatment.	0
Vaccinations	0		

Sixth District.

Cases assigned	3	Sent to hospitals	0
Calls made	20	Remaining under treatment.	1
Vaccinations	0		

Seventh District.

Cases assigned	2	Sent to hospitals	1
Calls made	2	Remaining under treatment.	0
Vaccinations	0		

Totals.

Cases assigned	82	Calls made	172

Division of Sanitation.

Complaints	52	Sewer	0
Privy vaults	4	Filthy yards	3
Closets	2	Filthy alleys	0
Drains	9	Filthy cellars	0
Plumbing	1	Filthy lots	0
Water	3	Filthy premises	2
Stagnant water	1	Manure	0

HEALTH PHYSICIAN'S REPORT—*Continued*

Stable	0	Noise	0
Chickens	3	Unclassified	11
Pigeons	0	Inspections	52
Dogs	0	Plumbing	19
Cats	0	Sanitary	33
Pigs	1	Reinspections	40
Cows	0	Plumbing	18
Dead animals	0	Sanitary	22
Garbage	6	Garbage collected from 3d District	115 bbls.
Dump	0	Garbage collected from 1st District	110 bbls.
Ashes	3	Garbage collected from 2d District	177 bbls.
Smoke	1		
Odor	2		
Ventilation	0		

HEARINGS.

Hearings	3	Cases heard	3

Class of Cases.

Plumbing	1	Privy vault	1
Drain	1		

Disposition of Cases.

Reinspection	3

DIVISION OF PLUMBING, DRAINAGE AND VENTILATION.

Inspections	77	Stable stands	0
Old houses	77	Shower baths	0
New houses	0	Horse troughs	0
Iron drains	12	Permits issued	36
Connection street sewers	0	Plumbing	35
Tile drains	3	Building	1
Cellar drainers	0	Plans submitted	0
Urinals	3	Old buildings	0
Latrines	0	New buildings	0
Cesspools	11	Houses tested	9
Wash basins	13	Smoke	0
Sinks	7	Blue or red	5
Bath tubs	3	Peppermint	4
Wash trays	2	Water test	0
Butler's sinks	0	Houses examined	25
Trap hoppers	0	Re-examined	88
Tank closets	24	Valid	19
Drinking fountains	0	Without cause	6
Slop hoppers	0	Violations	0

REPORT OF REMOVAL OF DEAD ANIMALS.

Animals removed from 1st Precinct	24	Kennel cats removed	7
Animals removed from 2nd Precinct	19	Kennel dogs removed	8
Animals removed from 3rd Precinct	29	Total	138
Animals removed from 4th Precinct	23	Horses removed	25
Animals removed from 5th Precinct	28	Dogs removed	52
		Cats removed	61
		Total	138

DIVISION OF MARKETS AND MILK.

Public market inspections	25	Dairies inspected	0
Market inspections	30	Milk cans inspected	486
Fish market inspections	0	Milk cans condemned	0
Fish peddler inspections	0	Lactometer readings	47
Slaughter house inspections.	0	Temperature readings	47
Rendering establishment inspections	0	Fat tests	77
		Sediment tests	65
Pork packing house inspections	0	Chemical tests	18
		Cows examined	0
Hide house inspections	0	Cows quarantined	0
Milk depots inspected	18	Cows removed	0
Stores inspected	124	Complaints investigated	4

Medical News

THE ALBANY GUILD FOR PUBLIC HEALTH NURSING.—STATISTICS FOR FEBRUARY, 1919.—Number of new cases for this month, 405; classified as follows: Charity cases, 196; cases moderate income, 90; metropolitan, 119; cases carried from last month, 99; total number of cases under care during month, 504. New cases classified according to disease: Medical, 182; surgical, 13; obstetrical—prenatal, 22; confinement, 33; maternity, 7; tuberculosis, 17; dispensary s. s., 91. Disposition: Removed to hospitals, 13; died, 10; discharged cured, 212; discharged improved, 110; discharged unimproved, 6; discharged to other care, 16; discharged to dispensary, 4; number of patients still under care, 123. Cases reported by physicians, 25; metropolitan agents, 63; patient's families or friends, 100; nurses, 18; other sources (miscellaneous, 29; R. C., 1; dispensary, 9; Asso. Char., 2; Home Service, 1), 52.

Special Obstetrical Department.—Number of obstetricians in charge of cases, 2; number of students in attendance, 2; number of new cases this month, 4; number of nursing visits, 10.

Visits of Nurses (all departments).—Number of nursing visits with nursing treatment, 1,342; number of social service visits, 180; number of prenatal, 52; other calls, 174; number of tuberculosis visits, 209; total number of visits, 1,957.

Dispensary Report.—Number of clinics held, 71; number of new patients, 131; number of old patients, 523; total number of patients treated during month, 654. Classification of clinics held: Prenatal, 1; surgical, 5; nose and throat, 7; eye and ear, 17; skin, 7; medical, 8; venereal, 4; lung, 4; dental, 1; neurology, 3; paediatrics, 11; gynecological; 6. Tuberculosis division, classified for relief and disposition: Assisted with medicine—Guild, 2; dispensary, 7; assisted with food, 7; assisted with clothing, 3; total number assisted, 19. Disposition of cases: Discharged, 1; sent to hospital, 3; returned from hospital, 2; died, 10; carried over, 1,268.

F. R. Freeman, Superintendent.

Post-Graduate Course in Infectious Diseases and Public Health.—The course, an outline of which follows, is offered through the cooperation of the Albany Medical College and the New York State Department of Health. It is believed that it will appeal to health officers and other physicians because of its practical features and the fact that a minimum sacrifice of time and money will be required of its participants.

Registration will be limited to graduates in medicine and so far as practicable the course will consist of informal conferences and practical demonstrations. It will be noted that a special effort has been made to coordinate the various laboratory, clinical and didactic features with reference to various subjects and diseases.

Attention is called particularly to certain features which will prove of especial interest to registrants both as health officers and practicing physicians:

Practically all of one day will be devoted to consideration of the most recent advances in diagnosis, management and treatment of pneumonia, both from the laboratory and clinical standpoint;

A forenoon will be devoted to practical demonstration and discussion of the physical diagnosis of incipient tuberculosis, with opportunity to examine cases and compare findings;

Special consideration will be given to the essential features of theory of infection and immunity, to important diagnostic laboratory tests and to the prophylactic and therapeutic use of vaccines and sera.

The fee for the course has been reduced to twenty-five dollars, payable in advance or in monthly installments. Those who have completed other New York State health officers' courses are invited to attend all or any part of the present course, upon payment of a nominal fee of five dollars.

Faculty of Instruction

Hermann M. Biggs, M. D., Commissioner of Health.

Thomas Ordway, M. D., Albany Medical College, Associate Professor of Medicine and Dean.

Charles C. Duryee, M. D., Sanitary Supervisor, State Department of Health, Director of Course.

Joseph S. Lawrence, Chief, Bureau of Venereal Diseases. Former Bacteriologist-Pathologist, State Department of Health.

Augustus B. Wadsworth, M. D., Director, Division of Laboratories and Research, State Department of Health.

M. Edgar Rose, M. D., Supervisor of Tuberculosis, State Department of Health.

Matthias Nicoll, Jr., M. D., Deputy Commissioner, State Department of Health.

Arthur Sautter, M. D., Health Officer, Albany, N. Y., Clinical Professor of Dermatology and Contagious Diseases.

Isaac W. Brewer, M. D., Lecturer, Bureau Venereal Diseases, State Department of Health, formerly Lieut. Col. Medical Corps, U. S. A.

Frederick W. Sears, M. D., Sanitary Supervisor, State Department of Health.

Paul B. Brooks, M. D., Acting Director, Division of Communicable Diseases, State Department of Health.

L. M. Wachter, Chemist, State Department of Health.

J. H. Miller, D. V. S., Chief Milk Inspector, City Department of Health, Albany, N. Y.

Henry J. Brayton, M. D., Superintendent, Onondaga County Hospital.

James C. Ayer, M. D., Surgeon, Bureau of Venereal Diseases, State Department of Health.

Theodore Horton, C. E., Director, Division of Sanitary Engineering, State Department of Health.

H. L. K. Shaw, M. D., Director, Division of Child Hygiene, State Department of Health.

L. W. Gorham, M. D., Albany Medical College, Instructor in Medicine and Clinical Pathology.

Everett S. Elwood, Secretary, State Hospital Commission.

Joseph A. Warren, Legal Adviser, State Department of Health.

William A. Howe, M. D., State Medical Inspector of Schools, State Department of Education.

Joseph E. Clark, M. D., Sanitary Supervisor, State Department of Health.

John A. Smith, M. D., Secretary, State Department of Health.

Otto R. Eichel, M. D., Director, Division of Vital Statistics, State Department of Health.

H. B. Cleveland, C. E., Principal Assistant Engineer, Division of Sanitary Engineering, State Department of Health.

TENTATIVE PROGRAM SUBJECT TO CHANGE.

(NOTE.—Unless otherwise indicated laboratory demonstration will be held at the Albany Hospital, under the direction of the staff of the Division of Laboratories and Research, State Department of Health, and other conferences and lectures at the Albany Medical College.)

Wednesday, March 5.

9:30 A. M. Introduction to course. Dr. DURYEE.

10:30 A. M. Lecture and demonstration on general bacteriology and technique, at Albany Medical College. Dr. LAWRENCE.

12:30 P. M. Round table luncheon. Informal talk on the activities of health officers. (Place to be announced.) Dr. BIGGS.

2:00 P. M. Conference on the general diagnosis and management of tuberculosis. Dr. ROSE.

Wednesday, March 12.

9:30 A. M. Laboratory work. Practice in making, staining and examining smears, etc.

1:30 P. M. Diagnosis of the exanthemata. Dr. NICOLL.

2:30 P. M. Visit to Albany Hospital, Pavilion G. Contagious Department.

Conference on common skin diseases. Under direction of Dr. SAUTTER.

Wednesday, March 19.

9:30 A. M. Laboratory. Pneumococcus differentiation (including animal demonstration). Demonstration of prophylactic and therapeutic measures in penumonia.

1:30 P. M. Diagnosis and treatment of pneumonia with clinical demonstration. Dr. ORDWAY.

3:30 P. M. Subject to be arranged at first session.

Wednesday, March 26.

9:30 A. M. Laboratory diagnosis of typhoid and paratyphoid; detection of carriers in typhoid, and paratyphoid, dysentery, etc.

1:30 P. M. Conference on typhoid and paratyphoid immunity. Dr BREWER.

2:30 P. M. Epidemiology of typhoid and paratyphoid. Dr. BROOKS.

Wednesday, April 2.

9:30 A. M. Laboratory. Diphtheria, Vincent's angina and allied throat infections. Virulence test for diphtheria.

1:30 P. M. Municipal control of diphtheria, including dosage and methods of administration of antitoxin. Dr. SEARS.

3:30 P. M. Demonstration of Schick test, and active immunization. Dr. LAWRENCE.

Wednesday, April 9.

9:30 A. M. Laboratory: Demonstration of preparation of vaccines.
1:30 P. M. Lecture, demonstration and conference on infection, immunity and anaphylaxis. Dr. WADSWORTH.

Wednesday, April 16.

9:30 A. M. Lecture, demonstration and conference on serum therapy and vaccinotherapy.
1:30 P. M. Smallpox and vaccination. Dr. CURTIS.
2:30 P. M. Smallpox and sanitary code. Dr. DURYEE.

Wednesday, April 23.

9:30 A. M. Laboratory: Demonstration of influenza bacillus, streptococcus, staphylococcus and other bacteria of the upper respiratory tract.
1:30 P. M. Conference on influenza. Dr. NICOLL.
2:30 P. M. Conference on organization for control and relief in epidemics. Dr. BROOKS.

Wednesday, May 7.

9:30 A. M. Lecture and demonstration of sanitary examination of milk and water. Mr. WACHTER.
1:00 P. M. Visit to certified dairy. Under direction of Dr. SHAW.
3:00 P. M. Visit to pasteurization plant. Under direction of Dr. MILLER.

Thursday, May 8 (forenoon only).

9:00 A. M. Conference (with practical demonstration, examination of cases and exhibition of X-Ray plates) on early diagnosis of tuberculosis. Dr. BRAYTON.

Wednesday, May 14.

9:30 A. M. Laboratory: Demonstration of treponema pallidum, gonococcus, and the preparation of arsphenamine.
1:30 P. M. Conference on control of venereal diseases, including discussion of venereal disease laws and regulations. Dr. LAWRENCE.
2:30 P. M. Demonstration of administration of arsphenamine and pneumonia serum. Dr. AYER.

Thursday, May 15 (forenoon only).

9:00 A. M. Conference on water supply and water purification. (Visit to filtration plant.) Under direction of Mr. HORTON.

Wednesday, May 21 (at Schenectady).

10:00 A. M. Conference on health administration. Visit to city health department and health center. Under direction of Dr. DURYEE.

1:30 P. M. Conference on infant hygiene and prenatal care (at Child Welfare Station). Dr. SHAW.

2:30 P. M. Conference on bedside and terminal disinfection. Dr. DURYEE.

Thursday, May 22 (forenoon only).

9:00 A. M. Conference and practical demonstration: dairy inspection and scoring. Under direction of Dr. MILLER.

Wednesday, May 28

9:30 A. M. Demonstration: Lumbar puncture and spinal therapy Dr. GORHAM.

1:30 P. M. Duties of health officers in connection with the insane. Mr. ELWOOD.

2:30 P. M. Conference on general laws relating to duties and powers of health officers and health boards. Mr. WARREN.

Thursday, May 29 (forenoon only).

9:00 A. M. Conference on medical school inspection. Dr. HOWE.

10:00 A. M. Conference on mental hygiene. Dr. CLARK.

Wednesday, June 4

9:30 A. M. Conference on control of communicable diseases in schools. Dr. SMITH.

11:00 A. M. Conference on vital statistics. Dr. EICHEL.

12:30 P. M. Round table luncheon. Informal talk on application of military hygiene to civil life. (Place to be announced.) Adjutant General BERRY.

2:30 P. M. Conference and general discussion on sanitary code. Dr. DURYEE.

Thursday, June 5 (forenoon only)

9:00 A. M. Demonstration of disinfection and sterilization. Mr. WACHTER.

Wednesday, June 11.

9:30 A. M. Conference on dysentery and intestinal infections. Dr. SMITH.

11:00 A. M. Preventable diseases of adult life. Dr. ORDWAY.

1:30 P. M. Review and general discussion including health law, sanitary code, health administration, communicable diseases and epidemiology. Dr. DURYEE and Dr. BROOKS.

Thursday, June 12 (forenoon).

9:00 A. M. Conference on disposal of sewage. Mr. HORTON
10:00 A. M. Conference on rural sanitation. Mr. CLEVELAND.

Wednesday, June 18

Final examinations (written).

Address all communications and applications to
CHARLES C. DURYEE, M. D.,
State Department of Health, Albany, N. Y.

DR. FARRAND APPOINTED HEAD OF RED CROSS.—Dr. Livingston Farrand, president of the University of Colorado, has been appointed by President Wilson as chairman of the Central Committee of the American Red Cross, to succeed William H. Taft.

As chairman of the Central Committee, Dr. Farrand will become the executive head of the National Red Cross organization on the retirement of the War Council, which will take place March 1st.

In changing the Red Cross from a war to a peace basis far greater tasks will be involved than those undertaken during the ante-war period, tasks that will require the full time of those interested with the executive duties.

Since the entrance of the United States into the war, Dr. Farrand has been the director of the tuberculosis work of the International Health Board in France, and has been in close contact with Red Cross activities. His broad knowledge of European conditions, his high executive qualifications and the vital force of his very unusual personality will all be vital factors in increasing the usefulness and broadening the scope of Red Cross work.

Dr. Farrand's work in this and foreign countries has shown administrative ability of the highest order and in dealing with complicated political, social and professional situations overseas he has displayed in a marked manner exceptional qualities of diplomacy, tact and co-operation.

That the program of the American Red Cross under peace conditions will be virile, statesmanlike and broad is unquestioned.

PERSONAL.—Colonel THOMAS W. SALMON.—Dr. Salmon's achievements in the service of his country have received merited recognition by the National Committee for Mental Hygiene, of which he is medical director, absent on leave. Dr. Salmon graduated from the Albany Medical College with the class of 1899. At the annual meeting of the National Committee, held in New York on February 8, 1918, Dr. G. Alder Blumer, acting as a "Committee on Resolutions," submitted the following minute, which was adopted and approved at the session of February 5, 1919, and

has recently been published. During the year, Dr. Salmon has been elevated to the rank of colonel, and had added further dictinction to a notable career. By a curious coincidence, lying in a fact probably forgotten by the author of the tribute, Dr. Salmon was a student to whom Dr. Blumer, as professor of mental diseases in the Albany Medical College, expounded the mysteries and resources of psychiatric medicine, and unwittingly laid the foundation of the success which has since come to the pupil.

Whereas, Major Thomas W. Salmon, M. O. R. C., is absent from this annual meeting on account of war service in France with the American Expeditionary Forces, which he is serving as chief consultant in neuropsychiatry, be it *resolved,* that the occasion be seized to spread upon our records the following Minute as tribute and greeting to the medical director of the National Committee for Mental Hygiene and adviser to the Rockefeller Foundation on subjects relating to mental health.

Minute

Dr. Thomas W. Salmon, before entering upon work in mental hygiene, was for fourteen years a member of the United States Public Health Service. While serving the Government his attention had been directed toward problems relating to the insane and thus he became the logical choice of the National Committee for its medical directorship, in which position, since 1912, he has been continuously active and extraordinarily efficient, insomuch that at the recent annual meeting of the National Institute of Social Sciences he was awarded a presentation medal in recognition of his distinguished services in the field of mental hygiene. What Major Salmon has accomplished since our declaration of war, at home and abroad, in laying the foundations for adequate care and scientific treatment of mental and nervous diseases in the Army and Navy is a matter of common knowledge to many of us. If one were challenged to crowd into a single sentence the reason for his achievements, one might say that he presents the combination of qualities mentioned by John Adams as essential to the performance of a herculean task in 1776, to-wit, "the meekness of Moses, the patience of Job, the wisdom of Solomon, with the valour of David."

A member of this National Committee has well said that "his great success is dependent primarily upon an absolutely free mind—that is, free from conflicts, it being conflicts which make a man hesitate and doubt and make it impossible for him to see the clear, straight, simple and direct path of procedure." Another has recorded his appreciation by saying that "many of the men whose scientific researches would never have been possible but for Dr. Salmon's work may outshine him in worldly fame, but none will be likely soon to show such a union of social imagination with practical cogency among men." In the happy phrase of William James, all his work "clicks into place." A third member has

animadverted on his mental processes as "continuous, unbroken by overvalued ideas and obsessions, and on his being a good example of common sense at its best." For, after all, how true a saying it is: "Common sense is the treasure of the mind and judgment is the key to its storehouse, even as diamonds enhance the hue of rubies or emeralds." Still another members says of Major Salmon that "more than any man of his time he is able to make practical and scientific conditions of the various theories of the psychologists, psychiatrists and the specialists in nervous disease." And if one may add one more appreciation to this mosaic of enconium, let it be in the words of another member: "His medical ability has been made very much more productive through his wide outlook and through his unusual realization of the profound social significance of his special branch of medicine."

Finally, one may reflect that while the prosaic mind may organize and prepare, and demonstrate efficiency, something more is necessary for final and progressive action. That something exists in Major Salmon's vision and humanism, without which, as alas, we know to our sorrow, man may be for efficiency instead of efficiency for man.

The National Committee for Mental Hygiene looks forward to the time when Major Salmon may resume his great work at home after a war-won peace and meanwhile consoles itself, and bespeaks solace for him, in that fine Homeric line which in our vernacular has been rendered, "For an enduring heart have the destinies appointed to the children of men."

Voted, That the above resolution be and it hereby is unanimously adopted and that it be incorporated in the minutes and full proceedings of the 10th annual meeting of the National Committee, and that a copy of it be sent to Major Salmon.

—Lieutenant Willard Elmer Wheelock (A. M. C.,'14), has been recommended for the Distinguished Service Cross. The recommendation, made by Major Ervin E. Newcomb of the 307th Infantry to the Commanding General of the Seventy-seventh Division, is as follows:

"The award of the distinguished service cross to First Lieutenant Willard E. Wheelock, medical corps, 307th infantry, is recommended for extraordinary bravery and heroism in action at Remilly-Sur-Meuse, France, on the 8th of November, 1918.

"Lieutenant Wheelock maintained the battalion station in this town, which was under heavy enemy artillery fire. During this incessant shelling, the building in which the aid station was located, was demolished by artillery fire. There were many patients in the station at the time. During all this Lieutenant Wheelock was giving first aid to the wounded, and assisting in the removal of the patients to a nearby cellar. Just as the last patients were about to be placed in safety a shell entered the building, mortally wounding Lieutenant Wheelock's assistant. He calmly saw to it that all patients were in safety and administered to his dying

companion, in utter disregard to his own personal danger. The splendid example set by this officer was an inspiration to all. I personally witnessed this act."

—Dr. Louis Herbert Gaus (A. M. C., '07), Major, commanding the 106th Field Artillery, formerly the Second Field Hospital of Albany, was promoted on February 19th, 1919, by General Pershing, to rank of Lieutenant-Colonel. The 106th Field Hospital is part of the famous Twenty-Seventh Division, which made such a surpassing record of heroism in the dauntless attack which broke the supposedly impregnable Hindenburg line.

—Dr. Walter D. McKenna (A. M. C., '11) has been promoted from the rank of Captain to that of Major in the Medical Corps attached to the American Expeditionary Force, France, and has been assigned as medical attaché to the Peace Commission in Paris.

—Dr. Arthur Krida (A. M. C., '11), ranking as Captain, is stationed as orthopedic surgeon at Oxford, England.

In Memoriam

Charles Byron Tefft, M. D.

Dr. Charles Byron Tefft, President of the Association of the Alumni of the Albany Medical College in 1905, died at his home in Utica, N. Y., October 31, 1918. The following estimate of his life of great usefulness is republished from the local paper of that date:

THE CITY LOSES CAPABLE PHYSICIAN.

Dr. Charles B. Tefft Died in Local Hospital—Suffered Stroke of Paralysis Week Ago.

Utica, N. Y., Oct. 31, 1918.—Dr. Charles Byron Tefft, one of the best known physicians of Central New York and one of the most respected residents of Utica, died at 9 o'clock this morning in a local hospital, following a stroke of paralysis suffered a week ago today. Dr. Tefft, although in his 81st year, was in full use of all his faculties until his final illness. The news of his death will be learned with regret by hosts of acquaintances in this city and vicinity.

Dr. Tefft, after rounding out a half century of useful and steady service as a general practitioner, retired two years ago to enjoy a well-earned rest. He enjoyed one of the largest practices in the city and county at one time, and his wise counsel and experienced medical ability were widely recognized and appreciated. In his passing the city loses one of its most highly esteemed and venerable citizens, and the community one of its most capable physicians.

Dr. Tefft was born in the town of Remsen, March 5, 1838, son of the late John D. and Sophia Messenger Tefft. His paternal grandfather was of Huguenot descent and was one of the first settlers in Remsen, coming to the vicinity from Rhode Island. Dr. Tefft's father was a farmer and also taught school in the vicinity of Remsen. Dr. Tefft received his early education in the district schools of Remsen and at Fairfield Seminary, Herkimer county. He later took up the study of medicine in the Albany Medical College, from which he was graduated in 1865.

Following his graduation, Dr. Tefft went to Forestport, and practiced his profession with increasing success there for about five years, when he moved his office to Alder Creek. The work in country districts in those days was most arduous, Dr. Tefft having to ride many miles to attend his patients. Many were the interesting tale he could tell of his early experiences in the sparsely settled section of the State in his early days as a physician.

Dr. Tefft moved to Utica in 1870, and soon firmly established himself as a physician of unusual ability. His success was at once assured, and his practice became one of the largest in the county. He resided at 8 Henry street for many years, and had his office in the Gardner Building and later in the Arcade Building. He later purchased the home at 333 Genesee street and thereafter made his residence and office at that place.

Dr. Tefft never specialized in any medical work, but was of that old school of practitionrs who could handle practically every kind of sickness or injury. His kindly ways and sympathetic nature won for him the deep regard of all his patients, and his memory will long be cherished by the many in whose family he was the physician for two or more generations.

In his medical career Dr. Tefft served the county twice as coroner. He took a keen interest in all public and medical activities, and his counsel was always eagerly sought in important matters pertaining to the welfare of the city and community. It was mainly through his untiring efforts that the city ordinance was passed over a quarter of a century ago in relation to stray cattle and animals roaming the city at large being impounded. This matter was quite important in those days, various sections being considerably bothered by cattle, pigs and other animals roaming about the city.

Dr. Tefft also took a deep interest in the matter of sanitation, and was ever a leading factor in securing proper legislation in health matters pertaining to the welfare of the community as well as the State. He had written several important papers in the matter. He was especially keen on sewerage disposal and water supervision, and his efforts in bringing about improvements in this matter were widely known and appreciated.

Among the medical fraternity Dr. Tefft was especially well known and prominent. He was an active member of the Utica Medical Society, the

Oneida County Medical Society, the American Medical Association, the New York State Medical Society and the Utica Medical Library Association. He took an active interest in these societies and had written many important papers on medical subjects which were widely read. He was recently made an honorary member of the Oneida County Medical Society.

Aside from his medical activities, Dr. Tefft took a leading part in amalgamating the street railway lines of the city into the Utica Belt Line. With Charles Mather and other Uticans he organized the old Bleecker street line and other independent street car service, and helped place the trolley car service on a firm foundation in Utica. The Utica Belt Line eventually was amalgamated into the New York State Railways, but Dr. Tefft relinquished his holdings in the line long before this.

Although his practice took up most of his time, Dr. Tefft was ever a devout churchman. He was one of the leading founders of Plymouth Congregational Church and served as a trustee of the church for about 15 years. He took a very important part in placing the church on a firm foundation. About 20 years ago he withdrew his membership from Plymouth Church, and became affiliated with Westminster Presbyterian Church. Since joining this church he had also become one of its most active and influential members. He was made an elder of the church and served faithfully as such until the time of his death. He organized the young men's society known as the Chevaliers, and was instrumental in making it the large and successful church organization it is today. He also served as superintendent of the Sunday school of Westminster Church for several years. His services at Westminster Church were invaluable and were greatly appreciated. He was a Republican in politics and took an active interest in all political matters.

Dr. Tefft was twice married, his first wife, Miss Sarah Antoinette Maben, of Halcott, Greene county, dying July 1, 1888. Two years later he was married to Miss Anna Bamber, of Utica, who survives. Dr. Tefft also leaves three children by his first wife, as follows: Mrs. F. M. Miller, of 40 Jewett place; Mrs. F. A. McElroy, of Williamsport, Pa., and Dr. Charles D. Tefft, of Williamstown, Mass. Another daughter by his first marriage, Marion, wife of Lewis G. Fay, of Brooklyn, died some time ago. Dr. Tefft is also survived by the following grandchildren: Arthur T. Fay, of Pittsburg; Mrs. Leon G. Ross and Frederick M. Miller, Jr., of this city; Mrs. R. D. Spraker, of Cooperstown, and the Misses Katherine and Frances McElroy, of Williamsport, Pa.; also three great grandchildren: Rowen and Inez Tefft Spraker, of Cooperstown, and Antoinette Ross, of Utica, and two sisters, Mrs. E. H. Bullock and Miss Susan M. Tefft, of Syracuse, the latter formerly of this city.

Dr. Tefft's career as a medical practitioner has been a long and important one. He was a man of deep sympathies and he went into the homes of his patients with the earnest desire to aid them in their hours

of trouble and to extend to them not only all the skill he possessed, but material aid and comfort if it were possible to do so. Of deep religious convictions, and one who believed in good living, he not only administered to the bodily ailments of his patients, but on many occasions, all through his practice, he ministered to the mind, and never failed to extend such good advice as he deemed necessary and wholesome. He became not only the physician, but the friend and mentor, and in those happier days, when the world was not rushed and hurried by so many demands, Dr. Tefft was sought by those old families and early residents who wanted near them some friend upon whom they could rely for advice and direction. He was, therefore, the ideal "family doctor," around whom cluster so many romances and responsibilities, and who is ever looked upon as one of the members of the household in which he attends upon those who are suffering. However, Dr. Tefft did not stand still in his study and practice of medicine. He kept up with the times, and sometimes abreast of them. He was a thinker and reasoner, and his skill was never in question as long as he was able to attend to the calls made upon him in his profession. He did not relinquish any of those methods which he had found by long experience to be efficacious, but he adopted whatever in the new practice he found to be of value in saving human life and preventing human suffering.

Thus, all through the many years in which he has been a physician in Utica he has striven to help those who came under his care. It was not so much for the amount of money that he could earn in so doing, as it was his inherent desire to help others. It has been said of him that he was a much better distributor than he was a collector. His hand was ever in his pocket in the aid of charity or want of distress of any kind. It is not probable that he ever, so long as lay in his power, resisted a call for assistance or turned a deaf ear upon want. He was public spirited, for he was always interested in every movement for the good of the city and the country. He "stood his share," either in the giving of money or the performance of work, for all public and patriotic objects. He was at times called upon as a speaker upon religious, social and public topics, and he was ready to respond with the best that was in him. Even last summer, when his health was in a most precarious state, Dr. Tefft prepared a talk to boys, and he was greeted by a large audience at the Y. M. C. A. on an occasion when the boys of the city were invited and of which they took good advantage.

In his church and social life he was a broad thinker and a most loyal friend and companion. His home was ever open to his friends, and he gave them such courteous, dignified and ready welcome as belongs to that school of hospitality in which the true gentlemen are teachers. He had no patience with sham, and he was quick and ready to identify and encourage true worth.

GEORGE HUDSON, M. D.

Dr. George Hudson, an alumnus of the Albany Medical College of the Class of 1882, died at his home in Stillwater, N. Y., on January 30 1919. The respect and affection in which Dr. Hudson was held by the community he served for nearly forty years were attested by the large attendance at his funeral and by the many tributes of personal and public grief. The members of the Mason's fraternity and of the fire department attended in a body and the board of education adopted a touching memorial minute signifying the extent of their loss.

Dr. Hudson was born at West Farms, New York City, 66 years ago. When but a child he moved with his parents to West Sand Lake, where the greater part of his early life was spent. He attended the Averill Park Academy, studied medicine with Dr. Nichols of Sand Lake and later completed a course at the Albany Medical College. In the fall of 1880 he came to Stillwater where he had, during his many years of unselfish service among the people, grown into their confidence and love as perhaps no other person ever did. Always bright and cheerful, he brought sunshine to every home. He had served the village in many capacities; for several terms as its president. He was active in Red Cross work; a director in the War Chest Association, a worker in the Liberty Loan campaigns, and various other local activities. He was a member of

Montgomery Lodge, F. & A. M.; for many years a trustee in the Presbyterian church, and at the time of his death was serving as president of the board of education, and as health officer. He had also previously served as president of the Saratoga County Medical Association. The survivors are his wife, formerly Miss Louise Newland of this place, to whom he was married in 1888; two daughters, Miss Marjorie, of Stillwater, and Miss Alice, who is instructor in English at the Liberty High School; two sisters, Mrs. Alice Sutliff and Miss Eliza Hudson, of Gloversville.

Herman Vedder Mynderse, M. D.

Dr. Herman V. Mynderse died at his home at Lake Hill, Scotia, N. Y., March 5, 1919, after an illness of ten days, after thirty-five years of practice which gained for him the respect and affection of his community, largely an expression of gratitude for his work among the poor.

Dr. Mynderse, a descendant of one of the old Schenectady county families, was born May 29, 1861, in Schenectady, and was the son of the late Dr. Barent A. Mynderse and Albertina Ten Broeck. He was a graduate of Union Classical Institute in 1880, Union College in 1884 and of Albany Medical College in 1887. After graduating from Albany Medical College he acted as an interne in the Maternity Hospital and the Charles Hospital in New York City for several months. After leaving Charles Hospital, he practiced in Schenectady.

He was a member of Delta Phi Fraternity at Union, and was president of the Mohawk National Bank since 1907. He was also a trustee of the Schenectady Savings Bank. He was the first president of the village of Scotia, and served several terms. Prior to this he had been a member of the Schenectady board of education. He was also a prominent member of the First Reformed Church, Schenectady.

Dr. Mynderse married on October 1, 1908, Miss Helen Louise Dow, of Poughkeepsie, daughter of J. DePeyster Dow and Marianna Lanman. The deceased leaves his wife; a sister, Mrs. Edwin McClellan, of London, England, and a brother, William T. B. Mynderse, of Holland House, Scotia.

★Charles Gilchrist Briggs, M. D.

Dr. Charles Gilchrist Briggs, of Schenectady, aged fifty-four, winner of the French Croix de Guerre for "courage and bravery" at Verdun in the summer of 1916, died March 2, 1919, at the home of his friends, Mr. and Mrs. Jesse Lovejoy, in Schenectady. Dr. Briggs had been suffering from Bright's disease and his condition was aggravated by influenza. He is survived by a sister, Mrs. A. Russell Lynd, of Dover, N. J.

Dr. Briggs was born March 25, 1865, at Malta, Saratoga county, the son of Daniel Cody and Catherine Gilchrist Briggs. He attended Drury College, Springfield, Mo., after which he entered the Albany Medical College. He was graduated from that institution with the honor of salutatorian in the spring of 1889. He served an interneship in St. Peter's

Hospital, Albany, and in 1891 commenced the practice of his profession in Schenectady. Before entering war service, his practice was very extensive; he was recognized as one of the foremost physicians in this section of the state and was liked and admired by all who knew him. Many persons today owe their lives to Dr. Briggs' efforts, both in Schenectady and in England and France.

On February 22, 1892, he was married to Miss Laura H. Phillips.

Dr. Briggs leaves a brilliant war record. On June 10, 1916, he took up his duties as a member of the American Volunteer Ambulance Corps, serving first with the British and subsequently with the French armies. The ambulance corps was afterward disbanded and Dr. Briggs was transferred to the American Red Cross in July, 1917. But before this he was placed in charge of American Ambulance Corps No. 7, well known as the Norton-Hargies Corps. This division was one of the most famous in the war.

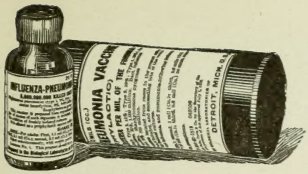
His humane work at Verdun in the summer of 1916 won for him the Croix de Guerre for "courage and bravery which did not give way for a single instant under most perilous circumstances; he directed the removal of the wounded with calm and self-sacrifice which won the admiration of all," the citation read. He was a captain in the service.

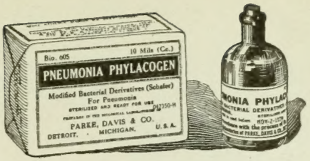
Dr. Briggs visited Schenectady last June when he was called upon by many organizations to describe his experiences in the war zone in France. He had been in charge of a large hospital at Neiully, just outside of Paris, and had cared for hundreds of wounded men brought to the institution from the battlefield. His description of the work he was engaged in was thrilling and interested all who had the pleasure of hearing him. He spoke before New Hope Lodge of Masons and at the Mohawk Club.

When day after day last summer he read in the press of the retreat of the French toward Paris and of the advance of the Germans he concluded to return to the scene of action and do his part in helping those who were wounded. It was known to his friends that he could not remain away from "his boys" longer so he returned to Europe. In the fall he went to the Italian front, but his health declined to such an extent that he was forced to go to Paris.

Failing to improve, he journeyed to New York City where in January he went to the Presbyterian Hospital. His condition gradually grew worse and on February 7th he traveled to the Mohawk Club in Schenectady and was removed to the Lovejoy home.

Dr. Briggs' advice was sought in his professional capacity by courts, institutions and individuals in this section. Often he was called upon by judges on the bench to render an opinion as to the physical or mental condition of persons. He was one of the consulting physicians of the Ellis Hospital and held membership in the Schenectady County Medical Society, New York State Medical Society and the American Medical Association, Mohawk Club, Mohawk Golf Club, Phi Sigma Kappa Fraternity, New Hope Lodge, No. 730, Free and Accepted Masons, and he was a director of the Schenectady Trust Company.





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CONVINCING evidence in support of specific prophylaxis in influenza is afforded by hundreds of reports on the use of our Influenza-Pneumonia Vaccine (Prophylactic). This vaccine, prepared in strict accordance with the formula of Dr. E. C. Rosenow of the Mayo Foundation, is composed chiefly of pneumococci, streptococci and influenza bacilli, all cultures being freshly isolated from cases occurring during the recent epidemic. Results from its use in military camps and other places where influenza has prevailed leave no doubt of its prophylactic value.

Bottles of 20 mils, one in a package.
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Curative Treatment with Pneumonia Phylacogen

PROOF of the efficacy of Pneumonia Phylacogen in the *treatment* of influenza is abundant and convincing. This Phylacogen has been used in many sections of the United States with highly satisfactory results. Cases so treated and reported during the recent epidemic number many hundreds, the percentage of recoveries being surprisingly large. One physician has used Pneumonia Phylacogen in over a hundred cases without a fatality. He gives an initial dose of Phylacogen (1 mil) with the first sign of fever, repeating in four to six hours.

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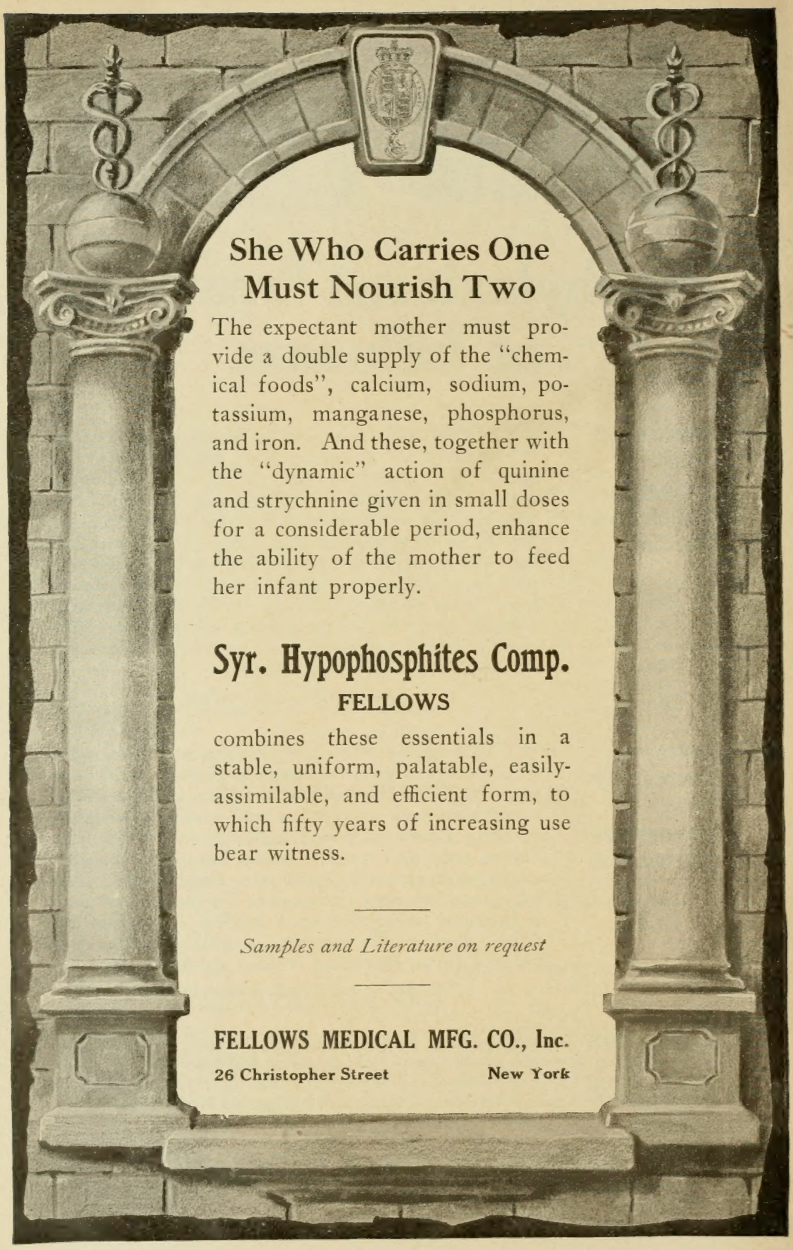
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